Quality Assurance Nurse (QAN) Protocol Format Survey Summary Results

The purpose of this document is to provide a brief summary of provider responses to a survey questionnaire. The questionnaire was developed to assess the Quality Assurance Nurse (QAN) protocols in February of '09. Specifically, by administering the survey, Residential Care Services (RCS) was seeking feedback to better understand utilization of the QAN protocol format, and to evaluate the perceived benefits or limitations of the information transfer that occurs.

Questionnaires were mailed to Directors of Nursing Services (DNS) from approximately 240 nursing homes. Ninety surveys were returned to RCS, for a response rate of 38%. Survey respondents represented all major geographic regions that DSHS uses for organizational structure, and that RCS regulates.

After survey responses were received, qualitative analysis was conducted by a graduate level nursing student on behalf of RCS. In the remainder of this document, survey questions are indicated in bold italicized print. DNS responses are first summarized in a narrative paragraph, and then specific elements of the DNS response (and the frequency of those elements) are listed.

For those who are unfamiliar with the referenced survey, the survey questionnaire contained two primary sections. The first half of the questionnaire asked questions which allowed each DNS to write in the elements of their own response. The second half of the questionnaire had each DNS rank the usefulness of each specific section of the QAN protocol format.

1. I am in Region ***. Respondents were from Regions 1-6.

2. I have been a DNS for ***: Responses ranged from 58 days to 30 years, with a mean of 8.6 years of experience as a DNS.

3. Years at the present facility: Ranged from two months to 23 years, with a mean of six years at their present facility.

4. How do you use the information from your QAN?
Respondents felt the QAN visits provided them with a fresh set of eyes to review their systems and provide information. DNS's used the information to help them evaluate how facility systems affect residents and spur changes that improved care and outcomes for residents. QAN information was used to prompt facility Quality Assurance/Quality Improvement (QA/QI) processes so facilities could determine whether something was an isolated issue or a system issue. Information from QAN visits was used for revision of systems and policies and procedures (P/P), staff education, correction of problems found, survey prep and for positive feedback to staff. One respondent summarized QAN protocol visits this way, "I see it as an excellent collaborative effort to provide quality care. This objective insight is used in the QA process to identify any problem with systems and reviewed with multi-disciplines to establish comprehensive plan of action to meet individual needs."

Survey results for QAN information uses:
- QA/QI (30)
- Educate staff (20)
- Share with managers/staff (16)
- Revise systems (16)
- Evaluate systems (15)
- Correct issues (12)
- Care improvement(11)
- Revision of policies & procedures (8)
- Early warning system (4)
- Positive feedback (4)
- Evaluate resident outcomes (3)
- Survey preparation (2)

5. How do you think the QAN information can be used to prevent poor outcomes for residents?

Respondents believed information from the QAN could prevent poor outcomes for residents by identifying areas that needed improvement, and helping them make system changes that improve care:
- ✓ One DNS stated, "Her (QAN) reviews help to uncover areas we need to improve, and provide positive feedback in systems that are working well."
- ✓ Another said, "…she (QAN) will leave me with information that can be used to improve systems which will ultimately improve resident care outcomes."

Facilities also appreciated the QAN's objectivity:
- ✓ "It gives us another pair of eyes to look at issues that we might be overlooking. It takes info that may appear to be 'norm' and makes us take a second glance," and,
- ✓ "…the QAN is in a unique position- she knows the building well enough to be very effective in identifying potential trends before they become problems, but is objective enough to see issues accurately- can see 'the forest for the trees.' "

Objectivity allows residents to be open with an outsider:
- ✓ "…residents may speak more freely to the QAN than to staff who work with them every day," and,
- ✓ "…my QAN's always pass along information from resident interviews which might help the resident's quality of life."

Survey results for how QAN information can be used to prevent poor outcomes:
- Improve systems (35)
- Help to identify weak areas (30)
- Serve as objective outside eyes (20)
- Prevent poor outcomes (14)
- Provide information (9)
- Useful in QA/QI (9)
- Provide staff education (7)
- Promote positive outcomes (7)
- Help to interpret regulations (5)
- Improve care (5)
- Give positive feedback (2)
- Help staff fix problems (1)

QAN Survey Summary Results

6. Do you have an example of a QAN information exchange that had a positive outcome for your residents?

Facilities had many examples of information exchanges with their QAN that had positive outcomes. Some selected quotes follow.

- ✓ "One of the best examples is information/interpretation we received about urinary incontinence/toileting programs/scheduled toileting regulations. After discussions with the QAN we implemented new programs that improved residents' quality of life and dignity."
- ✓ "An MDS coding error had impact on care planning: error corrected, care plan revisited, resident given increased independence, met goals and returned home.
- ✓ "With her help we identified a problem with the quarterly assessment, resident assessment protocol documentation, plan of care and subsequently a need for the resident to follow up with the physician regarding Parkinson's medication."
- ✓ "Hydration: she noticed not getting residents adequate liquids, changed system."
- ✓ "Just recently she told us about a complaint expressed by a resident during her interview. This resident had not and might not have made the complaint to us. We were able to address the problem promptly."
- ✓ "Recent exchange of information was very helpful with the activity department. Identified need for more direction with volunteers to promote positive outcomes."
- ✓ "Pressure ulcers were not identified in the plan of care. We developed a best practice protocol that included a plan of care."
- ✓ "Info in fall prevention led to decrease in personal alarms, which led to increased peaceful facility without an increase in fall percentage to this point."
- ✓ "When I was a new DNS I received lots of support from (the QAN) on understanding regulations, quality indicators, etc. I feel it always leads to positive outcomes. I look forward to visits and welcome the support and knowledge."
- ✓ …even when the (protocol scores) show no problems, the trends provide valuable information.

Survey Results for examples of topics that had positive resident outcomes as a result of QAN information sharing:

- Pain (8)
- Bowel protocol (7)
- Skin systems (7)
- Restorative (4)
- Discharge Protocol (4)
- Incontinence, toileting programs (3)
- Restraint reduction (3)
- Psych meds (2)
- Residents complaints
- Mood/behavior
- Falls
- Diabetes
- Feeding
- Hospice
- Share best practices from other facilities
- Oxygen monitoring
- MDS coding
- ADL decrease
- Hydration

7. What other types of information would be useful that you do not receive now from the QAN?

Many facilities could not think of any other information that would be helpful, but there were also suggestions for the style of information sharing that is most helpful:

- ✓ "A collaborative spirit is really helpful. Some QAN's just naturally work more closely with us. This is very helpful. We want to do a good job with patients and appreciate any help that makes us do a better job."

Several facilities mentioned that they appreciated CMS updates.

- ✓ "… really appreciate the 'heads up' alerts to things that are coming up. More of that would be appreciated."

There were a couple of comments about QAN's not having information in a timely manner.

- ✓ "It would be helpful if QAN nurses would be trained about new CMS updates in a timely manner. It appears that there is a delay in delivery of new info to the facility by the State."
- ✓ One facility suggested an email process for: "information on upcoming changes or education. Our QAN does this, but an email process might work better."

The most frequently mentioned information desired, was best practice information from other facilities.

- ✓ "Shared P/P's and forms from other facilities that may have mastered the issue".
- ✓ Many facilities expressed appreciation for the QAN's collaborative input, but one facility said they would like it if the QAN "…help us identify possible problem areas from a State perspective vs. …looking at areas that they particularly have a pet peeve about."

Other information desired:

- Other facility's best practices (8)
- No further info needed: I have all I need (7)
- CMS updates (4)
- Survey trends (3)
- Other systems not related to QI's (activities, social service, kitchen) (2)
- 30-day notice assistance
- Collaboration
- The scope of the QAN
- QAN in-services
- Investigative procedure help
- How QI percentiles are calculated

8 & 9 Do you understand the feedback from your QAN? If no, what would help you understand it better?

An overwhelming majority of respondents (65 of 90) said they understood the feedback from their QAN. Of the remainder there were only two who said they did not understand their QAN's feedback. The remainder commented on how well their QAN explained the feedback:

- ✓ "She takes the time to provide a detailed explanation in addition to written format," and,
- ✓ "Our QAN reviews her findings with us prior to sending her report. Her visits are always considered positive experiences with opportunity for growth."

Two respondents mentioned that they were at times a little confused, by the form:
- ✓ "I understand 90% of it. The form is a little confusing," and,
- ✓ "More so now, initially I found the form hard to interpret."

Respondents did not always agree with their QAN, but were still positive, as in these comments:
- ✓ "Yes, it is always very clear, and even though we have found in the chart information the QAN may have missed, it lets us know we could make the info easier to find," and,
- ✓ "We don't always agree, but it is always appreciated."

One facility felt their QAN did not follow the protocol, and requested a copy of the protocols and their use. One new DNS asked if there was a course or seminar she could attend in the QAN protocol. Another respondent commented that each QAN has different recommendations, which confused and irritated her.

10. Can you think of a clinical area for which a new QAN protocol would be helpful?
The following is a list of all topics respondents suggested. Many already exist in the list of QAN protocols. If ideas were suggested by more than one facility, that number is after the suggestion in parentheses.
- Safety/falls (2)
- Would like list of protocols (2)
- 9+ meds
- Dialysis
- Smoking
- Wound care
- Failure to thrive
- Quality of Life
- Survey Prep
- Mood and Behavior
- End of Life
- Diabetes
- Congestive Heart Failure (CHF)
- Assessment tools for bladder incontinence
- Appropriate therapy duration, time, goals, etc
- Difficult family dealings
- Medication Pass
- Restorative
- Infection Control

11. On the QAN protocol template, Section 10, MDS Accuracy is helpful.
Respondents stated overwhelmingly that Section 10 was very helpful, and that they appreciated the opportunity to improve their MDS coding. They felt the feedback was useful or identifying coding errors so they could educate their MDS coding staff, improving their MDS coding accuracy. Facilities realized that:
- ✓ "MDS data is extremely important. Data integrity can be a factor in determining RUG (what is RUG?) levels and have an impact on reimbursement."

DNS's also realized that the accuracy in assessment impacted their plans of care, and thus increased assessment accuracy could result in improved resident care. As one DNS put it,

- ✓ "…most of all it (MDS error) gave an inaccurate picture of the resident, which could affect resident care."
- ✓ There were a few DNS's who felt the section was not easy to understand, or that their QAN MDS feedback was subjective.

Survey results for how facilities used Section 10: MDS Accuracy:

- Identify errors (24)
- Feedback or education to staff (21)
- Improve plan of care for residents (7)
- Increase MDS accuracy (6)
- QA/QI (4)
- No sample protocol enclosed (4)
- MDS review subjective (2)
- Confusing (2)
- Not helpful (1)

12. Do you find Section 11/12 helpful? How do you use the information from Section 11/12?

This question asked about two sections together, which may have been difficult for respondents to answer. Most expressed that both sections were helpful and did not specifically mention either section. One respondent differentiated between the two, but found the content of the two only useful for finding the right F tag:

- ✓ "Often Section 11 is discussed in #10 D and C, so feel it is redundant. However, section 12 helps me find specific F tags. I only use these sections to identify F tags."

The facilities appreciated some of the same things as they liked about other parts of the protocol, but responses included more about the nursing process. DNS's commented:

- ✓ "How we provide care (implement the nursing process) is fundamental to promoting quality and avoiding bad outcomes. If problems are identified problems in these sections, then changes are planned, implemented and evaluated."
- ✓ "I invite any assistance my QAN has to assist me in making sure our residents receive the best care available. This allows me to see how my processes are working. We incorporate the subjects pointed out throughout the building and include it in the quality process."
- ✓ "Multidiscipline team meets to review information and develop plan of action. Systems may be tweaked or guidelines for tracking, and documentation may be adjusted to improve outcome."

Survey results for how the information from Section 11/12 is used:

- Improve care (11)
- QI (9)
- Identify weak areas (9)
- Outside eyes are helpful (6)
- Use a team approach (4)
- No template enclosed (4)
- Not helpful (3)
- Correct issues (2)

QAN Survey Summary Results

- Information provided by the QAN (2)
- These sections not objective (2)

13. Is the protocol summary sheet helpful? How do you use the information from the protocol summary sheet?

Most facilities found the summary sheet very helpful:
- ✓ "It gives me an overall picture of the QAN visit," and,
- ✓ "This snapshot gives us a look at our focus should there be a trend."
- ✓ "Does not give enough information."
- ✓ "They provide a lot of useful information on that form, so that we are able to work on the areas of concern."

Most facilities used the identification of harm as a starting point to their use of the protocol:
- ✓ "The ratings help to rate the effectiveness of our policies and procedure for a given area, and identifies residents who may be at risk of harm if policies need to be changed," and,
- ✓ "…provides me with a start up place for my own review and QA."

A few facilities were not enthusiastic about the format of the summary sheet, finding it somewhat confusing, negative or too "all or nothing." The following quotes illustrate some of the respondents' feelings:
- ✓ "I recently learned what the numbers mean to be able to use them."
- ✓ "It is the discussion with the QAN that is helpful, the review of F-tags etc., we don't necessarily use the info from the table."
- ✓ "I am not sure how helpful this is because it is kind of negative, and I feel the QAN visit should be non-threatening and more helpful as guidance towards quality care."
- ✓ "I think it is hard to interpret."
- ✓ "Some areas do not allow for any shades of gray, and this is not sound clinically."

Survey result for how information from the summary sheet is used:
- Identify weak areas (13)
- Prompt QA process (8)
- Give a quick overview (8)
- The harm levels are helpful (7)
- Helpful audit (4)
- No template enclosed (4)
- Shows where we have done well (3)
- Hard to interpret (3)
- Teaching tool (2)
- Improves care (2)
- Do not appreciate harm levels (2)
- Too black and white (1)
- Discussion more helpful than table (1)